

14 FAM Exhibit 611.9

Limitations: Special Crating Request Format

(CT:LOG-51; 02-25-2008)

Requests special crating for the items listed below
Company Name

for _____ This request is being made because
Employee's Name

☐

Pre-move surveyor feels this is necessary to safely transport item.

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Employee wishes the items to be specially crated.

Item	Dimensions	Cube	Cost	Approved/Denied

Authorizing Signatures:
Signature of Transportation Officer

Signature of Contracting Officer
